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11 August 1954

MEMORANDUM FOR: Chief, Management Staff
SUBJECT : Annual Management Improvement Report

1. The Annual Management Improvement Report of the Medical Office is submitted in compliance with your memorandum of 25 June 1954.
2. There are no major management problems which are beyond the authority of the Medical Office to solve.
3. Major areas of potential improvement selected for emphasis in fiscal year 1955 are as follows:

a. Physical and psychiatric standards.

(1) A major effort is directed toward refinement of psychiatric and psychologic standards for Agency personnel. The personal index evaluation has been revised and procedures are being developed to insure the completely confidential nature of evaluation. As a concomitant of this continuing program, the Psychiatric Division has established a register number system for psychiatric records to further insure the privileged nature of the doctor-patient relationship.

(2) The program of annual physical examinations is being further developed through the cooperation of the Office of Personnel. The Medical Office is receiving machine prepared personnel rosters on a semi-annual basis listing personnel of grade GS-12 and above. Internal procedures within the Medical Office are in the latter stages of development so that the physical examination workload will be on a phased basis. A card index suspense system is being established, based on birthdates of Agency personnel. Statistical experience has shown that a system whereby subjects are called a week or two after birthdates results in an equitable workload distribution over a yearly time span.

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b. Personnel and administration

(1) An intensive personnel survey was instituted immediately at the beginning of fiscal year 1955 for the purpose of developing the minimum manning table for the Medical Office. This program was undertaken at the direction of the Chief, Medical Staff in order to increase efficiency of operations and to further improve the high medical standards of the Agency in the light of budgetary and personnel limitations. The results of the survey thus far indicate that the Medical Office will function efficiently with a total authorized Table of Organization strength of [redacted] and through an internal redistribution of functions and responsibilities will be able to effectively carry out an ever-increasing workload. Those areas of manpower utilization which offer the greatest potential and upon which the Medical Office will focus its closest attention, are as follows:

(a) Filler Technicians: The Medical Office has had three so-called "filler" technician positions within its table of organization which have been used for personnel recruitment and subsequent transfer to area division tables of organizations in overseas operations. Through a series of discussions with the Deputy Director (Administration) and the Assistant Director for Personnel, an agreement was reached whereby personnel recruitment and slotting will be accomplished against known projected personnel vacancies.

(b) Pharmacist: A review of the workload in the Technical Services Division indicated that while the position of pharmacist was desirable, the duties of the position could be performed by the other technicians of the division provided they were adequately supervised by the Administrative Pharmacist of the Administrative Support Division. Such an arrangement would thus free an individual for the duties in connection with the basal metabolism, electrocardiograph, and diathermy procedures. These latter requirements have been growing steadily. Consequently, action is being taken to delete the pharmacist position and to add the position described above within the current T/O ceiling.

(c) Medical Registrar: The Medical Office contemplates establishment of the position of Medical Registrar to consolidate the numerous medico-administrative responsibilities now dispersed throughout the professional staff. The establishment of this position will centralize the many related, and in some cases, overlapping functions of medical records supervision and medical administration now the responsibility of professional personnel. It is estimated, based on factual workload figures, that this position will gain the equivalent in professional man hours of one doctor position. This will be done through radical reduction of the administrative details now performed by doctors, allowing them more time for professional care of patients.

(2) Added emphasis will be given to the reporting and the records management phase of administration during the coming year. A study has been completed recently pertaining to the use of medical statistics. The study was forwarded to the Management Staff for review and comment and has been approved for implementation in the near future. The following fields also have been selected as fruitful areas of improvement during the coming year:

(a) Medical reporting systems. The basis for any statistical program is a sound reporting system from which statistics may be extracted and developed. Medical records are now exchanged between Headquarters and the field whenever personnel are transferred. It is planned to establish a medical reporting system which will furnish Headquarters with statistics relating to medical care and treatment from which a continuous evaluation may be made of the qualitative and quantitative status of the world-wide medical program controlled and supervised by the Medical Office. This evaluation will in time enable the Medical Office to determine staffing requirements based upon actual workload figures for specific areas and stations.

(b) Register and disease entity indices. It is planned to establish a register system for all clinical records initiated and maintained by the Medical Office. This is known to be an efficacious method of indexing and cross-indexing records for ready accessibility. It is also planned to utilize the register series as a statistical tool in determining workload figures within given periods of time. The disease indices are to be initiated as a part of the medical statistical program and will afford continuing development and evaluation of medical and psychiatric standards based on characteristic demands of Agency employment and follow-up.

(c) Micro-film Project. A study is soon to be undertaken as to the value of micro-filming medical records for purposes of more efficient space utilization and as a mechanism for medical research. This project will be a joint undertaking by the Medical Office and the Management Staff.

(d) Utilization of office machines. A study has been completed which indicates that a punched card machine process would be of material benefit in the medical statistics program. The study has indicated that use of mechanical equipment will eliminate the necessity for additional personnel which normally would be required for operation of a statistical reporting system utilizing manual methods.

c. The following actions were taken during the past fiscal year to improve management and to effect economies:

(1) A medical standards committee was appointed to review all of the items of medical supplies used throughout the Agency. It was found that some five thousand items were carried on stock records at the initiation of the study. The action of this committee resulted in a reduction of nearly 50% of line items to approximately 2,500 overall which were recommended for standardization under generic names, rather than by trade names, and armed services procurement channels are used wherever possible.

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(2) A stock rotation program was initiated both in the [redacted] and in the Headquarters pharmacy to prevent deterioration and spoilage of drugs and pharmaceuticals carrying expiration dates. Substitutions of items when medically feasible were undertaken also in order to utilize similar items having short expiration dates.

(3) Standardization of medical kits used for field operational support allowed for planned procurement of line item components and resulted in a substantial reduction of budgetary estimates which had been based on procurement of prefabricated kits through commercial vendors.

(4) A Psychiatric Disposition Board was established at the request of the Chief, Medical Staff, during the past year and has for its primary purpose the speedy disposition of psychiatric cases arising among Agency personnel. The Board fulfills a long outstanding need for a coordinating mechanism between responsible officers who have a prime interest in disposition of such cases.

(5) Increasing use is being made of punched card machines in lieu of manual records in the supply function. Manually kept stock record cards have been discarded in favor of machine listings of quantities of materiel on hand.

(6) Internal reporting systems of the Medical Office are under scrutiny. The current weekly and monthly reports while serving the purpose, are thought to be too voluminous and time consuming in preparation. The revised system will be instituted upon completion of internal studies.

(7) The Staff Meetings are scheduled at regular intervals for the purpose of disseminating policy statements from the Chief, Medical Staff, and from DD/A components. This coordination process was established for the purpose of providing a medium for free interchange of ideas and Staff development of Medical Office policy.

4. The Medical Office will continue its efforts to conserve money, materiel and manpower in complete accord with the objectives of the Management Staff.



Deputy Chief Medical Staff

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